

CONFIDENTIAL  
(When Filled In)

INSTRUCTIONS: COMPLETE IN DUPLICATE. THE DATA RECORDED ON THIS FORM IS ESSENTIAL IN DETERMINING TRAVEL EXPENSES ALLOWABLE IN CONNECTION WITH LEAVE AT GOVERNMENT EXPENSE, OVERSEAS DUTY, RETURN TO RESIDENCE UPON SEPARATION, AND FOR PROVIDING CURRENT RESIDENCE AND DEPENDENCY INFORMATION REQUIRED IN THE EVENT OF AN EMPLOYEE EMERGENCY. THE ORIGINAL OF THIS FORM WILL BE FILED IN THE EMPLOYEE'S OFFICIAL PERSONNEL FOLDER.

NAME OF EMPLOYEE (Last) (First) (Middle)		
HARVEY William King		
1. RESIDENCE DATA		
PLACE OF RESIDENCE WHEN APPOINTED Indianapolis, Indiana	LAST PLACE OF RESIDENCE IN CONTINENTAL U.S. (If appointed abroad) ---	
PLACE IN CONTINENTAL U.S. DESIGNATED AS PERMANENT RESIDENCE Indianapolis, Indiana		
2. MARITAL STATUS		
CHECK (X) ONE: <input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/> ANNULLED		
IF MARRIED, INDICATE PLACE OF MARRIAGE [Redacted]	DATE OF MARRIAGE 2 Feb 1954	
IF DIVORCED, PLACE OF DIVORCE DECREE Flemingsburg, Kentucky (first marriage)	DATE OF DECREE 16 Jan 1954	
IF WIDOWED, INDICATE PLACE SPOUSE DIED ---	DATE SPOUSE DIED ---	
IF PREVIOUSLY MARRIED, INDICATE NAME(S) OF SPOUSE, REASON(S) FOR TERMINATION, AND DATE(S) Elizabeth McIntire. Terminated by divorce 16 January 1954.		
3. MEMBERS OF FAMILY		
NAME OF SPOUSE Clara G. Harvey	ADDRESS (No., Street, City, Zone, State) Same as undersigned	TELEPHONE NUMBER ---
NAMES OF CHILDREN James Drenan Harvey (28 Dec 47) Sally Josephine Harvey (10 Aug 58)	ADDRESS Same as undersigned " " "	SEX M F AGE 11 1
NAME OF FATHER (Or male guardian) Drenan R. Harvey	ADDRESS Deceased	TELEPHONE NUMBER ---
NAME OF MOTHER (Or female guardian) Sara K. Harvey	ADDRESS 1615 Northwood Drive, Indianapolis, Ind. --	TELEPHONE NUMBER ---
WHAT MEMBER(S) OF YOUR FAMILY HAS BEEN TOLD OF YOUR AFFILIATION WITH THE AGENCY FOR EMERGENCY PURPOSES? Wife, mother, and my uncle, Robert H. King, Lebanonshill Road, RFD, Danville, Ind.		
4. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY		
NAME (Mr, Mrs, Miss) (Last-First-Middle) Wife - Harvey, Clara Grace	RELATIONSHIP Wife	
HOME ADDRESS (No., Street, City, Zone, State) Same as undersigned	HOME TELEPHONE NUMBER same as undersigned	
BUSINESS ADDRESS (No., Street, City, Zone, State) AND NAME OF EMPLOYER, IF APPLICABLE ---		BUSINESS TELEPHONE & EXTENSION ---
IS THE INDIVIDUAL NAMED ABOVE WITTING OF YOUR AGENCY AFFILIATION? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
IS THIS INDIVIDUAL AUTHORIZED TO MAKE DECISIONS ON YOUR BEHALF? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
DOES THIS INDIVIDUAL KNOW THAT HE HAS BEEN DESIGNATED AS YOUR EMERGENCY ADDRESSEE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
THE PERSONS NAMED IN ITEM 3 ABOVE MAY ALSO BE NOTIFIED IN CASE OF EMERGENCY. IF SUCH NOTIFICATION IS NOT DESIRABLE, BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE IN ITEM 6 ON THE REVERSE SIDE OF THIS FORM.		
5. VOLUNTARY ENTRIES		
INDICATE ANY BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS National Bank of Washington, Washington, D.C. Bank of Silver Spring, Silver Spring, Maryland		
CONTINUED ON REVERSE SIDE		
CURRENT RESIDENCE AND DEPENDENCY REPORT		

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5. (CONTINUED)

IN WHOSE NAME(S) ARE THE ACCOUNTS LISTED?

Self and wife.

RECEIVED  
FINANCE DIVISION

HAVE YOU COMPLETED A LAST WILL AND TESTAMENT? ☒ YES ☐ NO IF "YES", WHERE IS DOCUMENT LOCATED?

Safety Deposit Box, o/g Mrs. Sara K. Harvey (mother)  
Indianapolis, Indiana

HAVE YOU EXECUTED A POWER OF ATTORNEY? ☒ YES ☐ NO IF "YES", WHO POSSESSES THE POWER OF ATTORNEY?

Mrs. Clara Grace Harvey (wife)

6. ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS

To include additional dependent: Sally Josephine Harvey  
born 10 August 1958

No objection to advising individuals listed in Item 3.

SIGNED AT

DATE

25 August 1959

SIGNATURE

William H. Harvey

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